

**PROPOSAL FORM -
STANDALONE THIRD PARTY LONG TERM TWO WHEELER INSURANCE POLICY**



**Universal Sampo
General Insurance**
Suraksha, Hamesha Aapke Saath



Registered and Corporate Office : Office No. 103, 1st Floor, Ackruti Star, MIDC, Andheri (East), Mumbai - 400 093, Maharashtra, India
Tel. : 022-41659800 / 69639900, Email : contactus@universalsampo.com

Intermediary Name, Contact No, Code & Email	Intermediary Sales Persons Name, Contact No & Code
Source Code/POS UID Aadhar No./PAN	Policy Issuing Office Address & Code

A (I). Personal Details of Proposer/Owner:

- Proposer's (Owner's) Full Name (In capital letters)
- Address (where the vehicle is normally kept) (In capital letters, with pin code) Pin Code
Telephone No: Fax:
Mobile No. Email ID:
- Occupation / Business
- Address Proof Aadhar Card Driving License Passport Voter ID Others
- CKYC No
 I confirm that there is no change in my existing KYC details which I have shared earlier. In case any change in my KYC details, I undertake to inform you in writing.
- Do you have an EIA Account? If Yes, Account Details :
If No, I would like to apply for EIA with Karvy CAMS NSDL CSDL

Are you a Politically Exposed Person? Yes No

(Definition of PEP: "PEP are individuals who are or have been entrusted with prominent public functions, domestically/in an international organisation /in a foreign country. This would include individuals who have or have had positions of Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials". "Close relations of PEP: Family members are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Close associates are individuals closely connected to a PEP, either socially or professionally")

- Type of Cover **Liability Only Policy**
 - Period of Insurance
2 Years
3 Years
- | | | | | |
|--------|-----|------|-------|------|
| From : | Hrs | Date | Month | Year |
| To : | Hrs | Date | Month | Year |

A (II). Vehicle Details

Vehicle Specification	9.	Registration Number of the Vehicle		
	10.	Date of Registration of the Vehicle		
	11.	Registering Authority & Location		
	12.	Year of Manufacture		
	13.	Engine Number		
	14.	Chassis Number		
	15.	Make of the Vehicle		
	16.	Model		
	17.	Type of Body		
	18.	Cubic Capacity of the Vehicle		
	19.	Seating Capacity including driver		
	20.	Whether vehicle is driven by non-conventional source of power /CNG/LPG/Bi-Fuel? If 'YES', please give details.		
	21.	Whether the use of vehicle is limited to own premises?	YES	NO
22.	Whether the vehicle is used for commercial purpose?	YES	NO	
23.	Whether the vehicle is used for driving tuitions? (GR-44)	YES	NO	
Note: Copies of R.C. & fitness certificate should be submitted along with the proposal form				
Third Party Risks: TPPD (Limit -20)	24.	Do you wish to have the statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only?	YES	NO
Third Party Risks: Liability to Employee under C.C. Act-1923 (Compulsory to be covered by M.V. Act 1988)	25.	Legal liability to persons employed in connection with operation of the vehicle, who are 'workmen'. [The liability of the Employer under the Employees' Compensation Act-1923 is covered under the Motor Vehicles Act-1988. [For additional TPPD limits, please see Q.No. 23 1) Drivers (No. of persons: _____) 2) Employees (Workmen) (No. of persons: _____)		
(Note: The Motor Vehicles Act-1988 under Sec. 147 (1) (ii) (i) covers liability to employees who are workmen within the meaning of the Employees' Compensation Act-1923.) For additional coverage, please refer to Q.No. 25				

B Additional covers as per IMT Endorsements

Addl. TPPD	26.	The Policy provides additional Third Party Property Damage liability limit or Rs. 1,00,000/- Do you wish to cover the additional limit?	YES	NO	
	Additional Liability	27.	Do you wish to cover wider legal liability to employees who are 'workmen'? [This information is sought to cover in addition to liability under the Employees' Compensation Act-1923, also liability under the Fatal Accidents Act-1855 and the Common Law] Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are Employees is covered under this endorsement [Refer to Q.No. 23]	YES	NO
		Liability to Employees who are not Employee	28.	Do you wish to cover wider legal liability to employees who are NOT 'Employees'? (Note: The liability under Common Law and Fatal Accidents Act-1855 in respect of employees who are not Employee can be covered under this endorsement).	YES
Personal Accident Cover of Owner Driver	29.	Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:			
		(a) Name of the Nominee & Age			
		(b) Relationship			
		(c) Name of the Appointee (If Nominee is a minor)			
		(d) Relationship to the Nominee :			
	Note: 1. Personal Accident cover for Owner Driver is compulsory for Sum Insured of Rs. 15,00,000/-. 2. Compulsory PA cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)				
PA Cover for Named Occupants	30.	Do you wish to include Personal Accident cover for named persons? If YES, give name and Capital Sum Insured (CSI) opted for:	YES	NO	
		SI No.	Name	CSI (Opted) (Rs.)	
		1			
		2			
		3			
		4			
		5			
	(Note: The maximum CSI available per person is Rs. 1 Lakhs in case of Motorized Two Wheelers)				
IMT 15	31.	Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers (Two Wheelers)?	YES	NO	
		If YES, give number of persons and Capital Sum Insured (CSI) Opted			
		No. of Persons: _____	C.S.I.(per Person) _____		
		(Note: The maximum CSI available per person is Rs.2 Lacs in case of Private Cars and Rs.1 Lac in the case of Motorized Two Wheelers)			
Geographical Extension	32.	Whether extension of geographical area to the following countries required?			
		1	Bangladesh	YES NO	
		2	Bhutan	YES NO	
		3	Maldives	YES NO	
		4	Nepal	YES NO	
		5	Pakistan	YES NO	
	6	Sri Lanka	YES NO		
	Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement)				
	IMT 1				
C. Other Vehicle related Information					
	33.	Previous History :			
		a. Date of purchase of the vehicle by the Proposer	DD	MM YR	
		b. Whether the vehicle was new or second hand at the time of purchase?	NEW	SECOND HAND	
		c. Will the vehicle be used exclusively for			
		(i) Private, Social, Domestic, Pleasure & Professional Purpose?	YES	NO	
		(ii) Carriage of goods other than samples or personal luggage?	YES	NO	
		d. Is the vehicle in good condition?	YES	NO	
		If NO, please give detailise.			
		f. Previous policy number:			
		g. Period of Insurance	FROM	TO	
		h. Claims lodged during the preceding 3 years			
		YEAR	NO. OF CLAIMS	CLAIMS AMOUNT (Rs.)	
	34.	Details of Driver:			
	a.	Age and Date of Birth of the Owner	Age (in Year)	Date of Birth	
	b.	Age and Date of Birth of the Driver	Age (in Year)	Date of Birth	
	c.	Does the driver suffer from defective vision or hearing or any physical infirmity?	YES	NO	
		If 'YES', please give details of such infirmity			
	d.	Has the driver ever been involved / convicted for causing any accident of loss?	YES	NO	
	If 'YES', give details as under including the pending prosecutions:				
	Driver's Name :				
	Date of Accident				
	Loss/ Cost: [Rs.]				
	Circumstances of Accident:				

Payment Details:

Payment Option : <input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Fund Transfer <input type="checkbox"/> Pay Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card	
Premium Amount Rs.	Amount (In Words):
For Cheque/DD/PO (Payable in favour of Universal Sompo General Insurance Company Ltd)	
Name of the Account Holder:	Instrument Amount (Rs) :
Instrument No.:	Bank A/C No.:
Instrument Date:	Bank Name and Branch:
IFSC Code :	UPI Id :
Type of Account : Saving <input type="checkbox"/> Current <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/>	
Fund Transfer/Wallet : Name of Bank/Wallet	Transaction No.
PAN Number :	TAN Number :

Note:As per the Regulatory requirements, we can affect payment of the refund (if any) and or claims only through Electronic Clearing System (ECS) / National Electronic Funds Transfer (NEFT) / Real Time Gross Settlement (RTGS) / Interbank Mobile Payment Service (IMPS). If the premium payment mode is other than cheque, please provide your account details as mentioned below for refund purposes.

 AML Declaration:

AML Guidelines:

- 1.I/We hereby confirm that all premiums have/will be paid from bona fide sources and no premium have/will be paid out of proceeds of crime related to any of the offence listed in prevention of Money Laundering Act, 2002.
- 2.I understand that the company has the right to call for documents to establish the sources of funds.
- 3.The insurance company has the right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- 4.Nationality: Indian Non-Indian

If Non-Indian, please specify the country_____

 Declaration

1. I/We desire to insure with Universal Sompo General Insurance Company Limited in respect of the vehicle as described in this proposal form and confirm that the statements as contained in this application are true and accurate representations to the best of my knowledge.
2. I/We undertake that if any of the statements are found to be false or incorrect, the benefits under this policy would stand forfeited.
3. I/We agree that this application and declaration shall be promissory and shall be the basis of the contract between me/us and Universal Sompo General Insurance Company Limited.
4. I/We confirm that I/We have read and understood the coverages, the terms and conditions and agree to accept the company's policy of insurance along with the said conditions as prescribed by the Company.
5. I/We also declare and undertake that if any additions or alterations are carried out by me/us in this proposal form or if there is any change in the information as submitted by me/us after the submission of this proposal form then the same would be conveyed to Universal Sompo General Insurance Company Limited immediately failing which it is agreed and understood by me/us that the benefits under the policy would stand forfeited.
6. I/We agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the requisite premium by me/us in advance. In the event of non-realization of the cheque or non-receipt of the amount of premium by the Company the policy shall be deemed cancelled 'ab-initio' and the Company shall not be responsible for any liabilities of whatsoever nature under this Policy".
7. I am/We are aware that the complete terms and conditions of this insurance policy are available at the official website of the insurer (www.universalsompo.com).
8. I/We hereby consent to receiving only the certificate and schedule of insurance upon the undertaking of the insurer that the complete policy terms and conditions will be made available free of cost upon my/our request in writing".
9. I/We hereby agree to receive a one pager policy document. I hereby authorize the Company to notify me through email, SMS, or any other electronic mode any information pertaining to my proposal, policy document, claim servicing etc.
10. I hereby authorize the Company to provide me an Electronic Policy Pack. I understand, subscribing to Electronic Policy Pack means, the policy pack will only be sent to my registered email id and no physical policy pack will be sent across.
11. I/We understand that in order to underwrite the policy, Company shall have to share / verify the information provided by me/us with rating agencies, third parties or services providers for the purpose of proposal acceptance, underwriting and issuance of policy thereafter and accordingly I/We authorize the Company to do the same for the purpose of underwriting, policy issuance and servicing of the policy.
12. I/We hereby provide my/our consent in accordance with Aadhar Act. 2016 and Prevention of Money Laundering Act, 2002 including amendments thereafter and Rules/Regulations made thereunder for validating/authenticating my/our Aadhar details and updating the same in all my polices held with the Company.
13. I/ We have read and understood the privacy Policy of our Company at www.universalsompo.com and I hereby unconditionally agree and bind myself to all terms and conditions of your Privacy Policy, as amended, from time to time

Place: _____
Date: _____

Signature of Proposer

CKYC Declarations

- 1.I hereby give consent to Universal Sompo General Insurance Co Ltd to verify and obtain my information through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC
- 2.I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you in writing with the copy of updated documents in case of any change in my KYC details.

Place: _____
Date: _____

Signature of Proposer

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Universal Sompo General Insurance Co. Ltd.

Unit No 601/602, A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Bealpur Road, Airoli, Navi Mumbai - 400708
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